



## Business/Public Entity Signature Card

Account Number: 8840019106

☐ Multiple Accounts - Refer to Exhibit A

**Legal Title of Account**

WARREN COUNTY SCHOOL DISTRICT  
2015 A SINKING FUND

Tax ID: 251157816

**Title for Legal Owner of Tax ID:**

WARREN COUNTY SCHOOL DISTRICT

**Principal Business Address**

6820 MARKET STREET

**Entity:**

- ☐ C-Corporation ☐ S-Corporation  
☐ Sole Proprietorship ☐ Organization/Association  
☐ Non-Profit ☐ Partnership  
☒ Public Entity ☐ Trust  
☐ LLC (Tax Classification: ☐ C-Corp ☐ S-Corp ☐ Partnership)

**Signature Card Purpose:**

- ☐ New Account Signature Card (Complete Section A Only)  
☒ Replacement Signature Card (Complete Section A Only)  
☐ Add Signer (Complete Section A & C)  
☐ Delete Signer (Complete Section B & C)

**Statement Mailing Address**

☒ \* Same as Principal Address

**City**

RUSSELL

**State**

PA

**ZIP**

16345-3406

**City**

**State**

**ZIP**

**SECTION A : Add Signer to Account:** This section must be completed when adding new Signers to an **EXISTING** or **NEW** account or Replacement Card.

Signer Name	Email Address (Required for all signers when document is digitally signed)	Social Security Number	US Citizen Y/N	Signature
JAMES M. GROSCH	GroschJ@wcsdpa.org	000-00-0000	Y	
PAUL J. MANGIONE	mangionej@wcsdpa.org	000-00-0000	Y	
BRIAN P. FERRY	ferryb@wcsdpa.org	000-00-0000	Y	
TAYLOR M. TRISKET	triskett@wcsdpa.org	000-00-0000	Y	

**SECTION B : Delete Signer from Account:** This section must be completed when deleting one or more signers from an **EXISTING** account.

Signer Name	Social Security Number

**SECTION C:**

Confirmation of Account Signers. This section must be completed when changing signers on an **EXISTING** account. This will be the complete list of signers on the above referenced account once all requested changes have been completed.

Signer Name (Please Print)	Signer Name (Please Print)	Signer Name (Please Print)

If this entity has additional Signers enter Signer's information on page 4 and check here ☐

If you are a sole proprietor and are using your individual social security number for the TIN on this account, you authorized KeyBank to obtain a consumer report on you. We may report information about the Account to a reporting agency.

By signing below, the client listed above ("Client") authorizes KeyBank National Association ("KeyBank"), at its discretion, to open and close one or more business or non-personal accounts owned by the Client with the same Account Title listed above and with the same Signers, and upon receipt of electronic, written or oral instructions from the Client without obtaining an additional Signature Card ("Account" or "Accounts"). Accounts opened hereunder are listed above and on Exhibit A attached hereto and made a part hereof, as such Exhibit may be amended or supplemented by the Client from time to time. Addition of a new account to Exhibit A shall be effective only upon receipt by KeyBank of a new Exhibit A in a form acceptable to KeyBank in its sole discretion. The Client acknowledges and agrees that all Accounts opened under this Signature Card are governed by the terms and conditions of the Deposit Account Agreement and Funds Availability Policy ("Agreement") and Disclosures governing the Accounts. KeyBank may change the Agreement at any time. By signing below, Client acknowledges receipt of the Agreement and Disclosures.

The Client authorizes KeyBank to operate all current and future Accounts opened under this Signature Card. The authority to operate each Account includes: (i) to act upon instructions from any of the signers to deposit, withdraw or transfer funds to or from any other accounts at the Bank when opening new accounts; (ii) to recognize and honor the signature of any of the signers on checks (if withdrawal by check is permitted) and withdrawal slips and honor any other electronic, written or oral requests for withdrawals or transfers of funds, including transfers to KeyBank or to third parties; and (iii) to act upon instructions from any Signer for the transaction of any business on any Accounts covered by this Signature Card. KeyBank may rely on this authorization for the Accounts opened under this Signature Card until KeyBank receives written notice revoking the authorization and has reasonable time to act upon it. Until such notice is actually received, the authority conferred herein to the Signers noted below shall remain in full force and effect and KeyBank shall be indemnified and saved harmless from any loss suffered or liability incurred by it in pursuance of this Authorization.

At Account opening, if Client's business is located anywhere other than a state where the bank has a branch office, the Account is located in Ohio, will be governed by federal law, and to the extent state law applies, the law of the State of Ohio without regard to conflicts of law principals, subject to additional provisions contained in the Agreement. The Account will be located in Ohio for the duration of its existence unless the Bank notifies Client otherwise in writing.

Note: The information you are providing to open your new KeyBank account is subject to review and verification. KeyBank reserves the right to close your account in the event we are unable to verify, to our satisfaction, the information you provide.

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
  - An individual who is a U.S. citizen or U.S. resident alien;
  - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
  - An estate (other than a foreign estate); or
  - A domestic trust (as defined in Regulations section 301.7701-7)
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA Reporting Code

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Tax Identification Number: 251157816

Title for Legal Owner of TIN: WARREN COUNTY SCHOOL DISTRICT

Refer to the list of payees exempt from backup withholding and for which no information reporting is required. If this Entity is exempt from backup withholding and information reporting under IRS regulations, enter your correct TIN in the previous section and place the applicable "Payee Exempt from Backup Withholding Code" Here: \_\_\_\_\_

Attention Non-U.S. Persons (Non-resident aliens and foreign entities): Please cross out the certification above and complete the appropriate IRS Form W-8.

**IN WITNESS WHEREOF, Company has signed below by a duly authorized officer as listed in the Resolved section of the Depository Certificate on file with KeyBank.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Officer

Printed Name: JAMES M. GROSCH Title: TREASURER

**Authorized Officer and/or Authorized Officer's signature above has been identified/verified by an authorized representative of Bank:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Bank Representative

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Notarization required if document is not signed in the presence of a Bank employee.**

\*State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

The forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Printed Name of Authorized Officer

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

**Bank Use Only**

Account Number this page corresponds to: 8840019106

## Payees and Payments Exempt from Backup Withholding

The following is a list of payees exempt from backup withholding and for which no information reporting is required. For interest and dividends, all listed payees are exempt except item 9. For broker transactions, payees listed in 1 through 13, and a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker are exempt.

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. A corporation;
6. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession;
7. A futures commission merchant registered with the Commodity Futures Trading Commission;
8. A real estate investment trust;
9. An entity registered at all times during the tax year under the Investment Company Act of 1940;
10. A common trust fund operated by a bank under section 584(a);
11. A financial institution;
12. A middleman known in the investment community as a nominee or custodian; or
13. A trust exempt from tax under section 664 or described in section 4947.

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